

Application for Certificate of Authority

The undersigned corporation, pursuant to Section 79-4-15.03 (if a profit corporation) or Section 79-11-367 (if a nonprofit corporation) of the Mississippi Code of 1972, hereby executes the following document and sets forth:

1. Type of Corporation

Business Email Address _____

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Profit

☐

Nonprofit

2. Name of the Corporation

3. The future effective date is
(Complete if applicable)

4. Its state or country of incorporation is



5. Street Address of the corporation's principal office



City, State, ZIP5, ZIP4

6. Date of incorporation

Period of duration

7. Name, Street and Mailing Address of the Registered Agent in Mississippi and Registered Office are



Name

Physical
Address

P.O. Box



City, State, ZIP5, ZIP4

Application for Certificate of Authority

8. Officers

Name

Title



Business Address



City, State, ZIP5, ZIP4

Name

Title



Business Address



City, State, ZIP5, ZIP4

Name

Title



Business Address



City, State, ZIP5, ZIP4

9. Directors

Name

Title



Business Address



City, State, ZIP5, ZIP4

Name

Title

Application for Certificate of Authority

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⇒	Business Address	
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⇒	City, State, ZIP5, ZIP4			
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Name

Title

⇒		
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⇒	Business Address	
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⇒	City, State, ZIP5, ZIP4			
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10. FOR NONPROFIT ONLY (Check appropriate box)

The corporation

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has members

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has no members.

11. Name elected to use in Mississippi is

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By: Signature

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(Please keep writing within blocks)

Name Printed

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Title

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